



TOURIST ORIENTED DIRECTIONAL SIGN APPLICATION/PERMIT

St. Croix County Highway Department

INSTRUCTIONS:

1. Complete both sides of the form. PLEASE PRINT CLEARLY.
2. Submit a check for \$100 per sign. This is an administration fee.
4. This check will be returned if the application is rejected.
5. Send this application and check to the address listed.

Make Check Payable To

St. Croix County Highway Department
Box 108
Hammond, WI 54015

Business/Service/Activity NAME for which TODS Sign is Requested

Street Address, City, State, ZIP Code

Business/Service/Activity Category for which TODS Sign is Requested. (Check ONE)

☐ Gas ☐ Food ☐ Lodging ☐ Camping ☐ Tourist Attraction

Services Available at the Facility

☐ Restrooms ☐ Parking ☐ Drinking Water ☐ Public Telephone

Period of Business/Service/Activity Function

☐ Open All Year ☐ Seasonal Operation

Open Each Year

From (month/day):

To (month/day):

Hours of Operation	OPEN	CLOSE	5,000 minimum Annual Attendance (Number is Required for "TOURIST ATTRACTIONS" only) Number of Visitors per Year: Special Rule for FOOD Category If you are applying for a TODS sign under the FOOD category, please answer the following: <input type="checkbox"/> Yes <input type="checkbox"/> No 1. Do you serve 2 meals per day? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are at least 50% of your gross annual receipts for food and nonalcoholic beverages? Sign Conflicts <input type="checkbox"/> Yes <input type="checkbox"/> No 1. Do you have a "White Arrow Board" sign (Ch. Trans 200.03, Wis. Admin. Code) at the intersection of the proposed TODS signage? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do you have an outdoor advertising sign, which is not in accordance with s.84.30 Wis. Stats. or Ch. Trans. 201 Wis. Admin. Code?
Monday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Number of Signs

☐ One TODS sign
(Administration fee is \$100 payable to the County)

☐ Two TODS signs
(Administration fee is \$200 payable to the County)

Proposed Sign Wording

Fill in the name and the distance from the intersection to the business/service/activity for each TODS Sign requested. Limit the name to one character or space per box.

← <input type="checkbox"/>															

																→ <input type="checkbox"/>

← <input type="checkbox"/>															

																→ <input type="checkbox"/>

TOURIST ORIENTED DIRECTIONAL SIGN APPLICATION/PERMIT *(continued)*

Wisconsin Department of Transportation DT1864

PROPOSED SIGN LOCATION INSTRUCTIONS

1. Label the intersecting roads.
2. Place an arrow in the circle pointing to the North.
3. Check (X) one or two of the boxes ☐ corresponding to the proposed sign location(s). (TODS signs are only permitted on County Highways. They must direct motorists to businesses, which are located on County Highways or Town Roads.)
4. Place an O (circle) at the approximate location of your business.
5. Write in the name of the county in the lower left corner.
6. Write in any additional details or comments that would be helpful in determining the proposed sign location. (Optional)

Road Name									
Road Name	<input type="checkbox"/>								
County	<input type="checkbox"/>								
Road Name	<input type="checkbox"/>								

NORTH ARROW

CERTIFICATION

I, the applicant, certify that the statements contained on this application/permit are true and correct, and that the business identified is conducted in conformity to all laws applicable to nondiscrimination, and that discrimination is not exercised in regard to race, religion, color, sex, sexual orientation, or national origin. I understand that in addition to the attached administration fee, I am responsible for the manufacturing and installation costs for the proposed sign(s). I understand that this permit is revocable, and that it is subject to renewal every five years. I further understand that if my business is a seasonal business, that a "CLOSED" plaque will be placed on my sign when my business is closed for the season.

Applicant Name (First, MI, Last)
(Area Code) Telephone Number

X

(Applicant Signature)

(Date – m/d/yyyy)

APPROVAL – APPROVED FOR ST. CROIX COUNTY HIGHWAY DEPARTMENT

Subject to present and continuing compliance by the applicant with all requirements of s.86.196 Wis. Stats. and Chapter Trans. 200.08, Wisconsin Administrative Code, a permit is granted for the TODS sign described. This permit expires on the five-year anniversary date of the installation of the TODS sign panel.

X

(County Highway Engineer)

(Date – m/d/yyyy)

X

(County Highway Commissioner)

(Date – m/d/yyyy)

– For County Use ONLY –					
SIGN SIZE		PERMIT NUMBER		INSTALLATION DATE	
<input type="checkbox"/> RURAL (72)	<input type="checkbox"/> URBAN (48)	County	Number	Month	Day
					Year